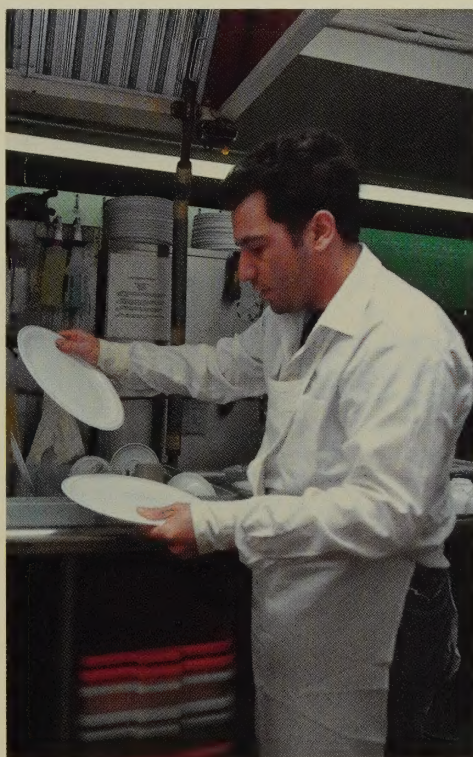


ING DOORS



*Hamilton Psychiatric Hospital
Community Advisory Board
1990 Annual Report*

CONTENTS

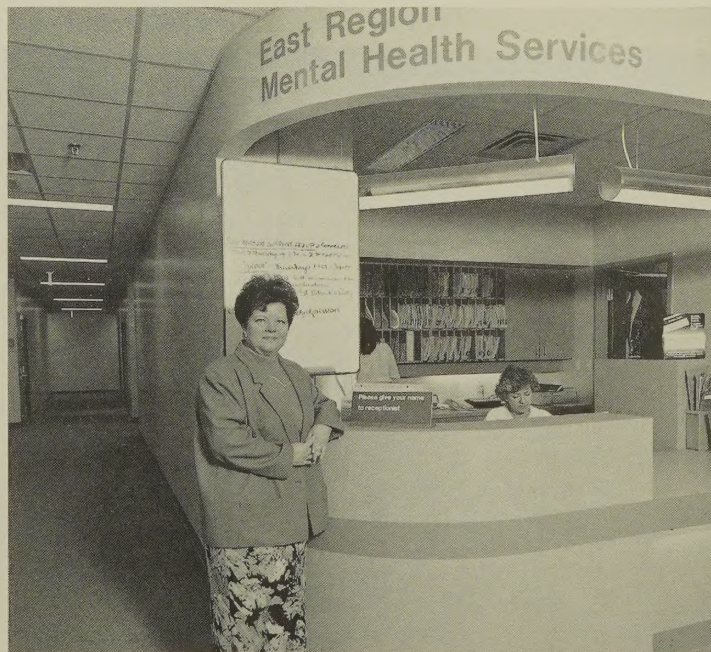
1	<i>Opening Our Doors to Change</i>
3	<i>Message from the Chairman and Administrator</i>
5	<i>Report from the Clinical Committee</i>
6	<i>Report from the Management Committee</i>
7	<i>CAB Representation</i>
8	<i>Report from the Psychiatrist-in-Chief</i>
10	<i>HPH Clinical Programs</i>
11	<i>Report from Patient Care Services</i>
13	<i>Report from Clinical Services</i>
14	<i>Report from Hospital Services</i>
15	<i>Report from Volunteer Services</i>
17	<i>Statistics</i>

URBAN MUNICIPAL

MAY 28 1991

GOVERNMENT DOCUMENTS

**HPH focuses on
the community:
staff work
in many
community
agencies across
the five regions
we serve.**



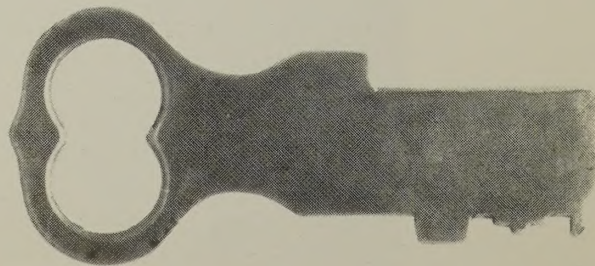
OPENING OUR DOORS . . .



Founded in 1876, Hamilton Psychiatric Hospital has evolved into an accredited teaching hospital which specializes in the assessment, treatment and rehabilitation of adults with severe psychiatric disorders. The HPH mission supports the return to independent living as soon as possible.

Through its hospital services, HPH provides acute treatment and care for persons with severe psychiatric disorders (such as schizophrenia, dementia or an affective disorder), promotes stabilization following acute recurrences, and designs and implements treatment programs for complex behavioral problems in the geriatric population, for persons with a dual diagnosis (psychiatric diagnosis with a developmental handicap) and for persons with complex multiple psychiatric diagnoses.

In the community, HPH pilots psychiatric treatment and rehabilitation programs, provides consultation and full-time staff to fellow programs and clinics to assist persons with psychiatric disorders to remain in the community and actively advocates and educates to gain understanding for the disorders it treats and acceptance for the people affected by them.

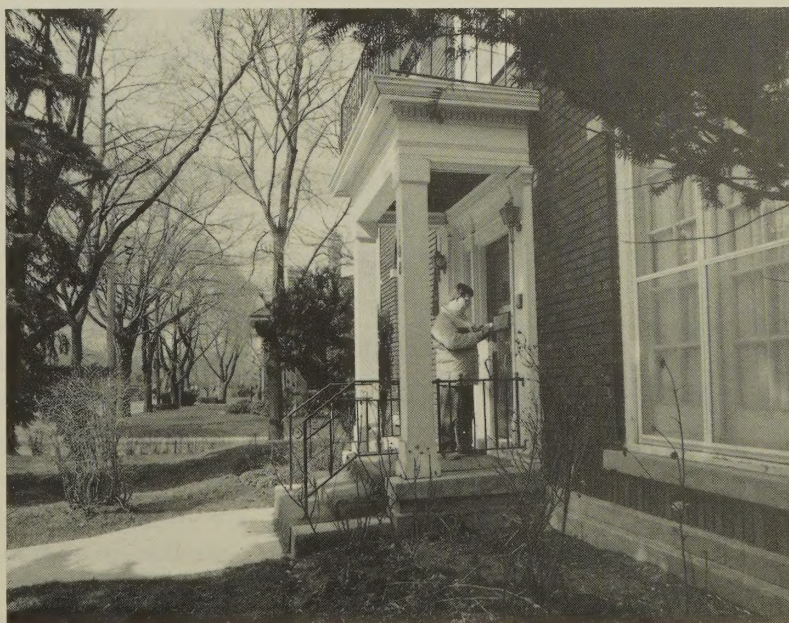


... TO CHANGE

In recent years, the province's Ministry of Health commissioned the "Graham Report" to address the challenges facing Ontario's mental health care delivery and to recommend directions for change.

A tertiary care centre which serves five regions, HPH is continually trying to meet the specialized needs of those communities while challenging itself to improve upon its own program service and delivery. It also believes in actively consulting all of its hospital and community partners to plan for the future together. Quite simply, HPH consists of people striving to provide the best care possible for the people they serve.

This annual report illustrates the initiative that Hamilton Psychiatric Hospital is taking to keep in step with change and to meet the anticipated mental health care needs of the people it serves over the next decades.



MESSAGE FROM THE CHAIRMAN AND ADMINISTRATOR

For several years, we have produced an annual report that focused on the hospital's Community Advisory Board (CAB), its activities and its members. In response to numerous requests for increased communication about the hospital, its programs and its staff, we are pleased to present an entirely new format for this year's report. We hope you find it interesting and informative, and we welcome your feedback.

Strategic Planning generated more excitement, effort, enthusiasm and anticipation than we imagined over the past year. In response to the report commissioned by the Ministry of Health, *Building Community Support for People: A Plan for Mental Health in Ontario* (or "The Graham Report"), the Mental Health Facilities Branch embarked on an ambitious strategic planning exercise. The 10 provincial psychiatric hospitals were asked to seek the views of all stakeholders about their proposed mission statement and overall goal of providing high quality

services to persons with serious and chronic psychiatric disorders in order to ensure the earliest reintegration into the community at the most independent level possible.

At HPH, over 600 patients, family, staff, affiliated hospitals and community agencies, volunteers and health professionals responded to our request for consultation. The results are now being analyzed in detail to ensure that the eventual strategic plan for the 1990s reflects not only provincial priorities, but also the feedback from the stakeholders in the hospital and the districts served by HPH.

Analysis of the consultation shows that the vast majority agree with the mission and stated goal, but many important comments were made about the barriers that face us in achieving the goal, as well as opportunities for new and innovative approaches. We are pleased that HPH's leadership in de-emphasizing institutional care in favor of community care, and in innovative joint venture projects with affiliated agencies and institutions, was wholeheartedly supported during the consultation process.

Last year, we reported on new initiatives in our Geriatric Psychiatry and Acquired Brain Injury Programs. We now have a community consultation and education team established in Brant County, with close links to the HPH Geriatric Psychiatry Inpatient Program, the Regional Geriatric Program at Chedoke-McMaster Hospitals, as well as the Educational Centre for Aging and Health and Department of Epidemiology and Biostatistics at McMaster University. The offices for the team are located at the John Noble Home for the Aged in Brantford. From this base the team provides services throughout Brant County. The project is being vigorously evaluated and we hope to demonstrate that similar teams would be valuable additions to geriatric services in all five districts served by HPH.

The Acquired Brain Injury Program will eventually serve the entire province, in close collaboration with the ABI Chedoke Pro-

**Doug McAuley
(left) with
Wayne Fyffe**



gram and McMaster University. This pilot project is scheduled to begin operation in 1992 with a 10-bed inpatient program and extensive community consultation and education programs, as well as linkages to a provincial network of services jointly sponsored by the Ministry of the Disabled, the Ministry of Health and the Ministry of Community and Social Services.

HPH has formal affiliations with McMaster University, Mohawk College and the World Health Organization for education and research, as well as affiliations with eight community agencies and institutions for joint venture services to persons with serious and prolonged psychiatric disorders. A special effort was made in the last year to review our affiliation agreements, and we are pleased that at the time of this report, revised agreements were completed with Hamilton Program for Schizophrenia and East Region Mental Health Services in Hamilton.

In 1988, HPH presented a play about schizophrenia to a provincial conference of CAB members. Owing to overwhelming demand, a 35-minute video entitled *Who Cares* was produced in the past year. Many premiere showings were held, but the most gratifying was the Hamilton premiere, which significantly increased community awareness of this most devastating disease and raised over \$2,500 for the Hamilton Chapter of the Ontario Friends of Schizophrenics.

Thanks to the initiative of several staff, we set an operational goal this year of becoming an environmentally responsible institution. Environment Canada recognized the contribution of our Powerhouse engineers for weather record-keeping over 30 years, and our various recycling projects have been enthusiastically received.

Our CAB activities varied from routine monitoring of the budget to concerns about

community housing for discharged patients, including Homes for Special Care per diem rates. The CAB once again jointly sponsored with the Hamilton branch of the Canadian Mental Health Association a one-day conference entitled *What's New in Mental Health Services* and a third one, *A Caring Community Looks at Schizophrenia*, is planned for 1991. For the first time, Board members were appointed to the hospital's Quality Assurance Committee and newly-formed Ethics Committee.

Challenges for the future include completion of the strategic plan in co-operation with the five District Health Councils in the regions HPH serves, assisting the general hospital psychiatric units in Hamilton to recruit psychiatrists so that they can reopen acute care beds currently not in operation, evaluating and fine-tuning the reorganization of clinical services into specialized programs (work which began in 1989), and focusing on the future role of our M.R./Dual Diagnosis Program.

We accepted Dr. Dodie Bienenstock's resignation from the board with much regret. Her participation was highly valued and we wish her all the best in her future endeavors. The commitment and dedication of our staff, whose efforts on behalf of our patients at the hospital, as well as in their many community activities, are sincerely appreciated. It is not easy to serve persons with serious and chronic mental illnesses, and we are acutely aware of how dependent we are on our caring and highly-qualified staff to accomplish our goals in patient care, education and research.

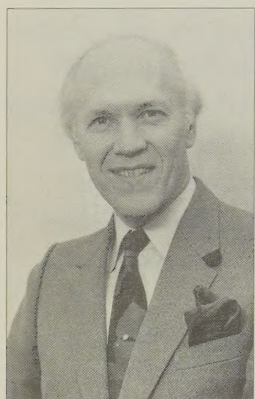
We would also like to acknowledge the enthusiasm and support provided by Howard Danson, Director of Mental Health Facilities Branch, and his capable staff.

We are indeed blessed with many good relationships which bode well for the future of the patients and staff of HPH.

Doug M. McAuley
Chairman
Community Advisory Board

D. Wayne Fyffe
Administrator
Hamilton Psychiatric Hospital

REPORT FROM THE CLINICAL COMMITTEE



Gordon Graves

The Clinical Committee of the HPH Community Advisory Board continues to review its programs, the organization of clinical services, patient care, professional appointments, and to prepare and recommend statements of policy on clinical matters to the board for its consideration and approval.

In 1990, a sub-committee was formed under the chairmanship of Margaret Morrison to oversee the establishment of the Brant County Community Outreach Program for Geriatric Psychiatry, made possible by a grant of \$700,000 from the Ministry of Health. The Outreach Program is intended to assist health care professionals in Brant County to develop skills and expertise in the management of memory-impaired seniors in their own community, rather than admitting the patient to a hospital for assessment and treatment. A major focus of the program will be an evaluation component so the service can be refined and introduced to

other communities in the HPH referral areas.

During the last year, the committee has dealt with a number of important issues, with recommendations going to the board for approval. Issues included:

- How to implement the Ministry of Health's commitment to train and sensitize staff to the needs of a racially and culturally diverse population, responding to various proposals for legislation that could affect patients and health professionals;
- The patient's right to refuse treatment versus the hospital's commitment to offer treatment;
- Attempting to deal with a statement of sexual philosophy and a protocol for safe sexual practices;
- Use of safety equipment;
- Dispensing of medications to non-registered patients;
- Monitoring one-to-one nursing observation; and,
- Recognizing the importance of the Quality Assurance Program, it was suggested the board appoint two representatives for this committee.

These and many other issues were given much thought and, hopefully, in the process, added another perspective in arriving at the best possible solutions to the many issues as well as providing accountability to the community.

Gordon C. Graves

Gordon Graves
Chairman
Clinical Committee

Members:

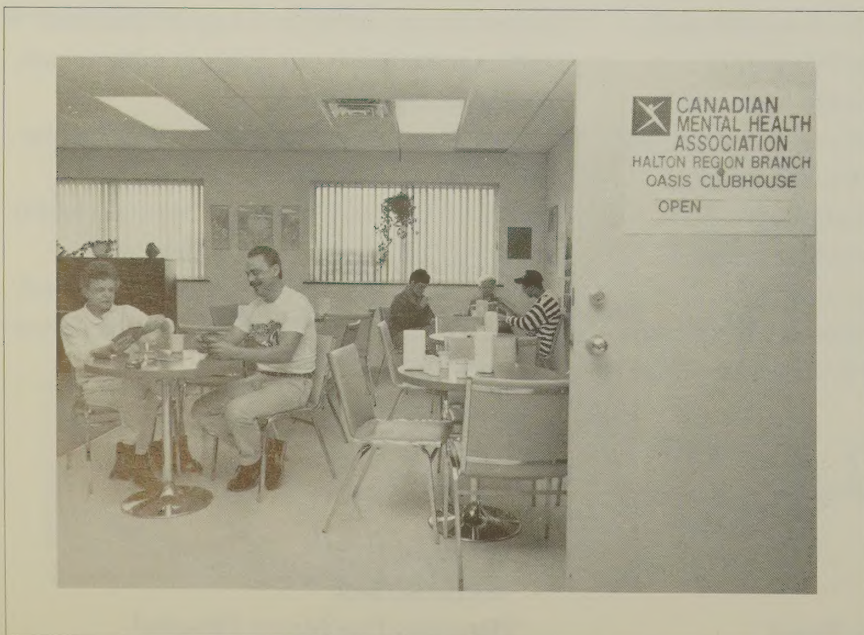
Dr. Susan French

Ruth O'Donnell

Lawrence Thibideau

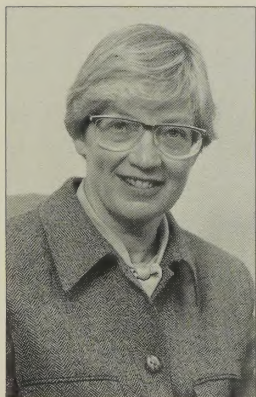
Dr. John Lavery

Margaret Morrison



**HPH values its
community
partnerships.**

REPORT FROM THE MANAGEMENT COMMITTEE



Carol Gooding

Members:

Patricia Clark

**Dennis
Concordia**

Nancy Griffin

Chris Williams

Neil Pauls

Johnston Young

The Management Committee has continued to monitor the hospital's financial situation on a monthly basis, giving special attention to the ongoing concerns of nursing overtime and absenteeism through short-term sick leave and Workers Compensation Board claims. The Management Committee supported the appointment of a task force to review the provisions of Bill 162 (recent WCB legislation which governs modified work programs) and its impact on our current work programs. The committee commends all of the nursing staff for their dedication in significantly decreasing overtime hours for that department.

The Management Committee supported the hospital's response to Regulation 518, which required increased nursing input in management decisions.

The Management Committee agreed with the results of the hospital's strategic planning exercise, which indicates a need for improved communications with all our communities (internal and external) and, to that end, committee members are assisting the hospital's public relations officer in developing a comprehensive communications plan and to identifying a role for the Management Committee within it.

The committee has reviewed a recent report on the status of the hospital's buildings and, while it still supports the development of a master plan for HPH, the committee agrees with the proposed modifications to current projects (Barrier Free Access Project, regional ambulance dispatch centre, HPH greenhouse) and recommended these cost-effective changes to the Community Advisory Board.

Carol Gooding

Carol Gooding
Chairperson
Management Committee



HPH Community Advisory Board (seated, left to right): Wayne Fyffe (ex-officio), Patricia Clark, Doug McAuley, Carol Gooding, Nancy Griffin; (standing, left to right): Chris Williams, Larry Thibideau, Ruth O'Donnell, Margaret Morrison, Neil Pauls, Dr. John Lavery, Gordon Glaves. Absent: Dennis Concordia, Dr. Susan French, Dr. David Dawson (ex-officio) and Johnston Young.

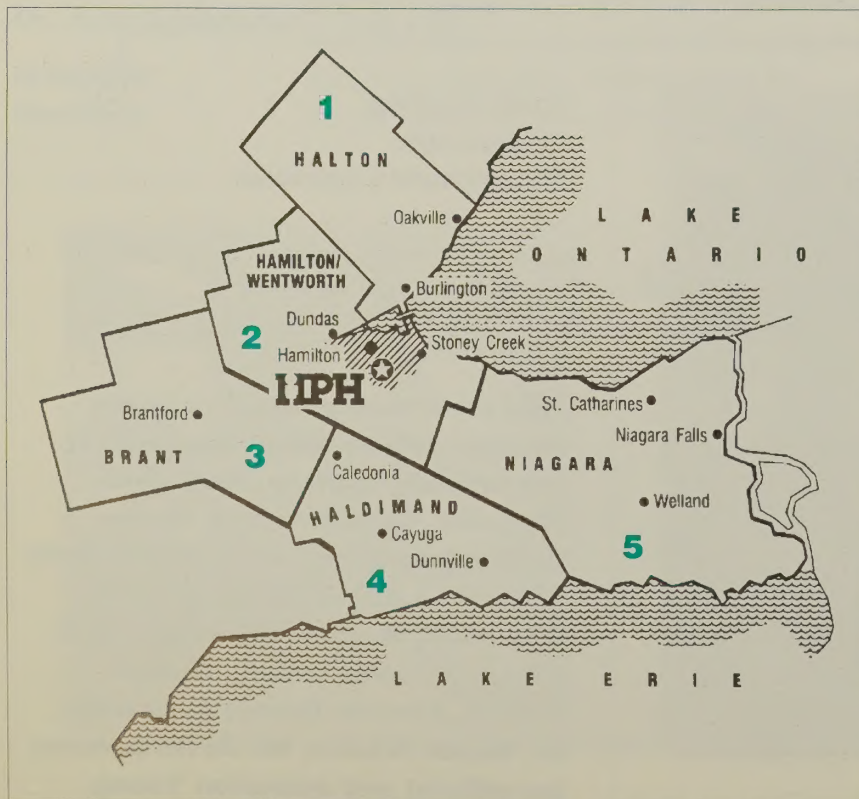
PURPOSE

Potential volunteer board members are welcome to apply to the Nominating Committee, HPH Community Advisory Board, P.O. Box 585, West 5th and Fennell, Hamilton, Ontario L8N 3K7

The purpose of the Community Advisory Board shall be to promote community awareness and understanding of mental health issues, identify and respond to the mental health care needs of the communities the hospital serves, and assist the administrator in providing the highest possible standard of care to the patients of the Hamilton Psychiatric Hospital by:

1. establishing and maintaining a close working relationship with all agencies providing services for the mentally ill;
2. co-operating and consulting with District Health Councils and other planning groups;
3. consolidating information on local mental health needs and concerns, and identifying those which the hospital should address;
4. fostering the development of community relations in the area served by the hospital;
5. reviewing and monitoring the hospital's programs in order to determine whether the hospital is meeting the needs of its catchment area; and,
6. advising the Minister of Health on important issues which may affect the hospital in fulfilling its mandate to provide high quality mental health services to its catchment area.

CAB REPRESENTATION



1
Carol Gooding
Margaret Morrison
Chris Williams

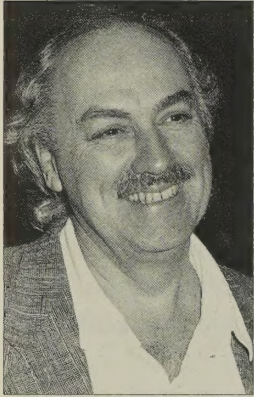
2
Dr. Dodie Bienenstock
Patricia Clark
Dennis Concordia
Dr. Susan French
Doug McAuley

3
Gordon Glaves
Ruth O'Donnell
Johnston Young

4
Nancy Griffin
Larry Thibideau

5
Dr. John Lavery
Neil Pauls

REPORT FROM THE PSYCHIATRIST-IN-CHIEF



**Dr. David
Dawson**

When I was a medical student and intern, we stood in small groups at the foot of a bed and spoke of mitotic disease. When the patient's fearful eyes looked at us we offered reassurance. We spoke of the future, the next season. We used phrases like "up and around soon." When families asked we said, "We are doing everything possible." When our patient was obviously dying, we put him in a private room at the end of the hall and avoided that room.

The city had its mental hospital, the mental hospital had its back wards. The people in the mental hospital were mentally disturbed, in the back wards they were chronically mentally disturbed. We didn't speak to them of their diagnoses. In the front wards we made plans for our patients. In the back wards we cared for them and controlled them. If the community sent them to us, we took them in. If we didn't have the resources or skills to help some of these people we still took them in. Families often annoyed and interfered. In our own complex way, our attitudes towards these people and their families were as ambivalent and ambiguous as those of our suburban neighbors.

Then we began, ever so cautiously, to name these diseases that disturbed the thinking and feeling of our patients. We began to understand that the unspoken label can be more injurious, more overwhelming than that which is named and explained (the Social and Vocational Rehabilitation Program which evolved into the Community Social and Vocational Rehabilitation Program, which in turn evolved into

the Hamilton Program for Schizophrenia). We also understood that a hospital, even an asylum, is not an entirely benign environment and so, for example, the Fennell Program, which was located in the hospital, evolved into the community-based Wellington Psychiatric Outreach Program. We placed resources at general hospitals and in the community and our inpatient population dropped from 1,600 to 300 over 20 years.

We became a busier but smaller hospital, serving the most severely ill, the more chronically ill, and an ever-aging population. Still, we had front wards and back wards. Still, we did too much for our patients and not enough with them. Still, we shied away from the names of the diseases afflicting our patients. Still, there was an institution and there was a community. And still, families were, well, crazy, supportive, angry, to be avoided, helpful, in need of help and all of the above.

In the last three years we have embarked on something we've called clinical reorganization. This is the first chapter of the last book of the journey that began in 1970.

We no longer have back wards. We have programs and our programs are looking carefully at their resources, at their activities, at their expertise, and at the people they serve. These people have diseases and disabilities which we name and discuss with them and with their families. We are learning new ways to involve, help and form partnerships with families. Many of our long-stay patients have hidden strengths. All have desires. We are learning ways of revealing those strengths, of empowering those desires.

After 15 years of living in the hospital John went shopping with his new lodging home landlady. He came back to show the Exit Team his new duds. Grinning from ear to ear he announced, "I'm a new man."

If we have the resources and expertise to help people, we accept them into our programs. But if we don't, we don't. How will we, as a society, ever decide how much we care and how much we are willing to spend if the mentally disabled are hidden from view? The funding for our new Acquired Brain Injury Program seems to indicate the answer is quite a bit, if we don't collude to hide the problem and if families form effective advocacy groups.

We have four schizophrenia programs now, and each is exploring better ways of collaborating with families and other schizophrenia services. Our Affective Disorders Program has a family advisory group and a greatly expanded outpatient clinic. Our Mental Retardation/Dual Diagnosis Program has defined its role in the broad range of services for the mentally handicapped and is poised for a position of leadership in the field. Our Geriatric Psychiatry Program is collaborating with regional geriatric programs to develop a model of fully integrated services for people suffering from dementia and behavioral disturbance. We have elected to retain one non-specialty program, our Community Liaison Program, to respond quickly and knowingly to the needs of our catchment area beyond Hamilton-Wentworth. And, of course, we have developed two short stay assessment teams to respond to the need in Hamilton-

Wentworth, and of our own emergency psychiatry team at St. Joseph's Hospital in Hamilton, caused by the attrition of general hospital resources.

Specialization has its cost. Some people don't fit. They don't have the right diagnosis. We don't have the right resources. The good side of this is that we are then forced to examine the special needs of these people who don't fit and then either develop programs for them or support some other agency doing so. In the meantime, of course, we must often accommodate them.

It has been hard work, these last three years, but they have been exciting as well: No more back wards. Schizophrenia named may become schizophrenia tamed. Partnerships with patients. Better partnerships with families. More realistic matching of resources to problem. Increasing enthusiasm for research of many kinds and the critical thinking that accompanies it. And an infirmary with a strikingly high quality of nursing care.

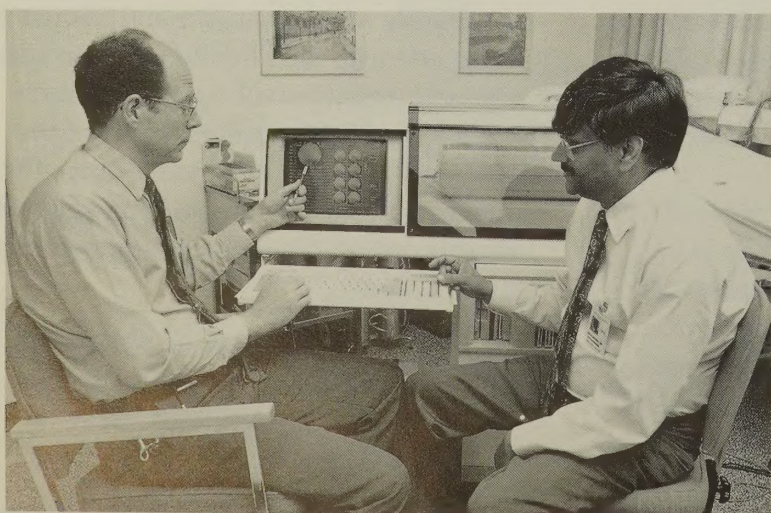
What is the next chapter about? The answer is sitting in my list in the fourth paragraph: *There is an institution and there is a community.* How much can we become part of that community and how much can they become part of us? Can we reduce "they" and "us" to simply "us?" Can we do this through participation in mental health planning? Joint ventures? The natural integration of our programs with related community programs? Through education of professionals and public alike?

And in a fully integrated, well-resourced and co-ordinated health care system, how many psychiatric hospital inpatient beds are actually needed?

Stay tuned.

Dr. David Dawson
Psychiatrist-In-Chief

At the HPH Research Centre: New "brain mapping" technology assists HPH researchers to explore possible roots of major psychiatric disorders.



HPH CLINICAL PROGRAMS

AFFECTIVE DISORDERS

Program Director: Dr. Rick Guscott
Specializes in treatment, consultation and research for patients with refractory affective disorders. Outpatient services included.

ASSESSMENT

Program Director: Dr. Pat Foley
Accepts both first admissions and re-admissions from Hamilton-Wentworth. Goal is to treat and discharge or transfer to a specialized program within five working days. Some community follow-up included.

BRANT COUNTY GERIATRIC MENTAL HEALTH OUTREACH

Program Director: Dr. Ken Le Clair
Provides education and support to health care professionals and caregivers to help better manage clients in their own homes.

COMMUNITY LIAISON

Program Director: Dr. Gary Chaimowitz
Provides psychiatric services as needed to Halton, Haldimand, Brant and Niagara with emphasis on integrative community approach, encouraging effective therapy, communication and education. Hospital-based unit with active community liaison component.

COMMUNITY AND LONG TERM CARE

Program Director: Dr. John Deadman
Includes the Century Manor Day Program, which serves the needs of chronic psychiatric patients living in the community or preparing to return to the community after hospitalization.

FORENSIC

Program Director: Dr. Marcel Lemieux
Inpatient unit which assesses court referrals.

GERIATRIC PSYCHIATRY

Program Director: Dr. Susan Tainsh
Assesses and treats patients with age-related dementia and a behavioral disorder.

MEDICAL/SURGICAL SERVICES

Program Director: Dr. Patrick Rooney
Includes the Infirmary, X-Ray, ECG, ECT, Infection Control and Staff Health Services.

M.R./DUAL DIAGNOSIS

Program Director: Dr. Elspeth Bradley
Assesses and treats patients with a developmental and behavioral or psychiatric disorder. Follow-up case management when necessary.

SCHIZOPHRENIA ASSESSMENT

Program Director: Dr. Jorge Soni
Diagnoses and provides treatment for patients with acute exacerbation of schizophrenia, and who are likely to regain personal strengths to return to the community.

SCHIZOPHRENIA INTENSIVE TREATMENT

Program Director: Dr. Amarendra Singh
Specializes in treatment of patients with chronic schizophrenia who have not stabilized at other levels of intervention.

SCHIZOPHRENIA PSYCHOSOCIAL REHABILITATION

Program Director: Helen Kirkpatrick
Assists patients to acquire living skills necessary for community living. Success is based on individual's own goal-setting; focus is on patients who have been hospitalized for a long period and/or who have difficulty in social function and role performance.

REPORT FROM PATIENT CARE SERVICES



**M. Patricia
Barry**

The past year has been a busy and exacting one for Patient Care Services, which includes Educational Services, Nursing, Pastoral Services, Quality Assurance and Volunteer Services. There have been significant changes in senior personnel, including the recruitment of a new Director of Educational Services and a new Co-ordinator of Volunteer Services.

Educational Services began a major review and evaluation of all courses, programs and services, which will continue into 1992.

As a teaching hospital, HPH places a high priority on effective learning opportunities for students of many disciplines, with 230 student placements in HPH programs co-ordinated during the 1989-1990 academic year. Also in 1990, 1,327 staff and community health care professionals participated in Telemedicine, Administrative, Clinical and Departmental Rounds and summer orientation sessions. Streamlining of the general orientation sessions for new employees increased attendance from 65 percent in September 1989 to 100 percent in December 1990. In addition, 172 clinical staff were trained in two-day Crisis Prevention Courses by certified health care instructors from various hospital disciplines, raising the total to 412 clinical staff trained as of December 31. In 1991, training for non-clinical staff and reviews for previously trained staff will begin.

In response to a Ministry of Health initiative, the Multiculturalism, Ethnic and Race Relations Program was intro-

duced, which included an HPH needs survey and development of a modular training program to be implemented in 1991-1992. Updating of the audio/visual equipment inventory and a computerized inter-library communication system have facilitated audio/visual and library service to HPH staff and others.

The review and updating of methods of delivery of patient care have been significant priorities for the Nursing Department. All nursing units have now implemented adapted primary nursing or case management, with increased emphasis on patient empowerment, patient involvement in establishing goals of care, and greater freedom of choice.

The Nursing Department's major initiatives in proactive recruitment and the monitoring and computerization of management information resulted in increased efficiency in the allocation of resources to meet patient nursing needs. Quality of professional worklife issues were addressed in a variety of ways, including implementation of participative shift scheduling; identification and redirection of non-nursing functions; establishment of a Staff Nurses Committee; and implementation of the spirit of Regulation 518 of the Public Hospitals Act by election of staff nurse and nursing assistant representatives to hospital decision-making committees.

In addition to notable contributions to the development and review of sensitive hospital policies, nursing staff extensively revised the departmental manual and completed the development of new health pattern assessment and re-assessment tools consistent with theoretical pluralism. These important endeavors will keep HPH current with modern nursing practice.

HPH also takes pride in actively contributing to the evolution of nursing knowledge. There were 35 formal presentations, 19 publications and nine research projects by nursing staff last year. Four of the nursing research projects received external funding. Five nursing employees received formal awards for full-time study and 22 were sponsored in part-time studies. There were 280 staff registrations for the department's research rounds, conferences and workshops.

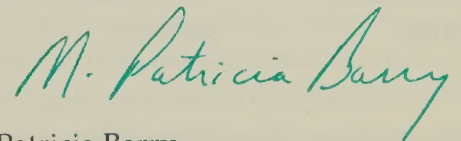
The Pastoral Services Advisory Committee completed its first full year and offered significant assistance. The Pastoral Visitors Training Course was re-offered and the number of registered volunteer pastoral visitors increased to 10. The

accredited Supervised Clinical Pastoral Education Course was again completed, and a field placement Divinity student received supervised experience for two semesters.

The hospital was fortunate to receive a donation of etched windows, which has enhanced the beauty of the chapel, a much-appreciated place of quiet reflection for patients and staff. Pastoral Services offered nearly 300 Worship Services at HPH and made just under 13,000 pastoral calls to individual patients, staff and families.

The hospital-wide Quality Assurance Program further developed in 1990: The bi-annual reports to the administrator indicate that 63 formal Quality Assurance reports were received and reviewed and additional reports of Q.A. function reviews were submitted by 17 standing committees.

Together, Patient Care Services staff successfully co-ordinated several other hospital-wide programs for the benefit of HPH patients, such as purchased clinical laboratory services and patient participation in the provincial election.



M. Patricia Barry
Assistant Administrator
Patient Care Services



**Nursing has
increased its
emphasis
on patient
empowerment
and involvement.**

REPORT FROM CLINICAL SERVICES



Len May

Rehabilitation Services introduced music therapy—the controlled use of music as a therapeutic intervention—in 1990.

Clinical Services has experienced a year of extensive change and has undertaken many initiatives to improve patient care.

Rehabilitation Services has been engaged in an extensive evaluation of the vocational workshops and major planning for the future direction of these services in light of the recommendations of the Operational Review of Vocational Workshops conducted by the Ministry of Health. Major outcomes of this planning will include training for hospital staff in the psychosocial rehabilitation model, increased efforts to develop strategies for reintegrating patients from the HPH workshops into community workshops and work training programs, and collaborative work with the community around the development of community-based vocational programs for psychiatric patients.



The Social Work Department has taken leadership in organizing consultation with consumers around the proposed community mental health legislation and the mission statement of the provincial psychiatric hospitals. This department continues to advance its efforts in working with the community in many areas, such as direct patient care work and involvement with boards of community agencies. On the administrative side, the department is implementing a computerized workload measurement system.

The Psychology Department continues to engage in its broad range of clinical teaching and research activities. Advances have been made in developing an improved quality assurance program and standards for clinical recording. Recruitment of a new Director of Psychology is also in progress.

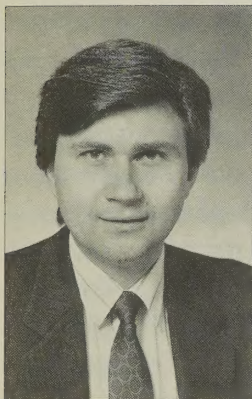
The Pharmacy Department's major advances include an extensive plan to change the hospital's system of distributing medications. To enhance Quality Assurance activities, all copies of physicians' orders for medications will also be kept in the pharmacy. A pilot project introducing a new method of distributing medications will soon be implemented on one program and an improved system to meet urgent medication needs in the evenings and on weekends is now in operation.

Operations of the Clinical Records Department have been enhanced by the acquisition of a new dictation system and the implementation of a fully computerized word processing system. This new technology will improve the efficiency of the department and make for high quality record-keeping. In addition, the department has improved the efficiency of its record storage system.

A handwritten signature in blue ink that reads "Len May".

Len May
Assistant Administrator
Clinical Services

REPORT FROM HOSPITAL SERVICES



Zenek Dybka

At the HPH Weather Station: In 1990, Powerhouse engineers received the Canadian Weather Service award for voluntarily recording weather conditions for 30 years.

This past year saw the start of several new projects which will contribute to both our high standards of patient care and to the quality of operations for everyone.

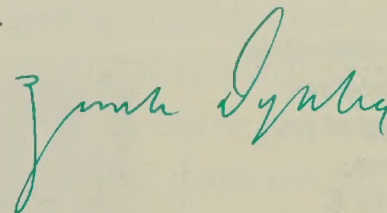
Through Ministry of Government Services funding of \$750,000, we began work on the Barrier Free Access Project which means that when we're finished renovating our main complex—the Auchmar building—HPH will be wholly wheelchair accessible, in all of its buildings.

We've started major renovations to B-1, the unit which houses our M.R./Dual Diagnosis Program. Undertaken by our own staff, that project will be completed by June. Not only will it end up as a bright, fresh, contemporary-looking hospital ward, but this project also marks the start of our commitment to undertake a major project each year, to continually upgrade and provide the best physical facilities possible for our patients.

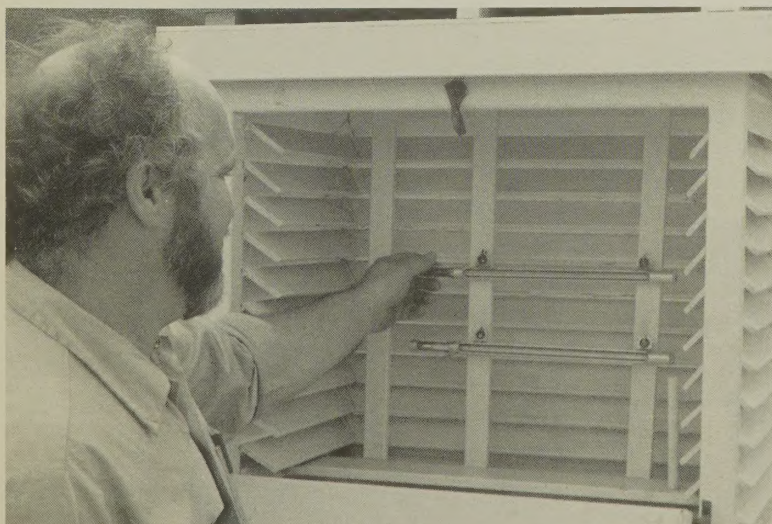
As a responsible corporate citizen, HPH is committed to the well-being of its

staff, neighborhood and community. We have contributed in developing a disaster preparedness plan for the region and a Disaster Preparedness Awareness Week to make the public aware of our plans, a new regional ambulance dispatch centre will be built upon our grounds, and we continue to work closely with the police and our own Educational Services department to provide Hospital Watch programs for our staff on such topics as crime prevention, security for women and street drugs.

Due to the dedicated efforts of certain of our staff who wanted the hospital to take a more active stance on the environment, the Waste Management Committee was born. This committee co-ordinated the very successful "Green Week," in which staff and patients were introduced to our new four-tier recycling campaign (fine paper, newspaper, glass, and cans). Since that time, our staff has recycled enough fine paper to save a small forest—and that is no exaggeration. And that's only a start. The committee has instituted an Employee Suggestion Program, and considers it its mandate to continuously investigate new methods of implementing the "three R's" so that we can more significantly contribute to a greener planet for all.



Zenek Dybka
Assistant Administrator
Hospital Services



REPORT FROM VOLUNTEER SERVICES



Angela Grant

HPH Volunteer Services demonstrated remarkable progress by year-end, both in recruiting a significant number of new volunteers and in, as always, continuing to foster a mutual partnership of respect and rapport between staff and volunteers in order to help our programs and our patients flourish.

By December 31, Volunteer Services had experienced nearly a 50 percent increase in the number of registered volunteers to over 70. Our volunteers, who range in age from 17 to over 80, welcome the opportunity to discover our special atmosphere as well as to gain important new skills in always interesting areas. Some of the popular volunteer activities are visiting patients, assisting in the gift shop Trinkets & Treats, taking the tuck cart onto the units, helping with baking and crafts programs, working in our patients' library and with the Depart-

ment of Psychology. In the past year, it has been a specific objective for the HPH Volunteer Association to increase the visibility and interaction of its board of directors, in order to become even more involved in meeting patient needs. This initiative resulted in the grand reopening of the newly-renovated gift shop, Trinkets & Treats, which was officiated by Hamilton's Mayor Robert Morrow. Trinkets & Treats is now undergoing a major reassessment to determine which products best meet the ongoing needs of our patients and their families and friends. Trinkets & Treats welcomes the public, and is now open seven days a week to be more accessible to patients.

At the Volunteer Association's annual meeting in November, the membership accepted their newly-reviewed and revised constitution and bylaws and elected 12 officers to the new board of directors. Since that time, Dina Brienesse has resigned as association president. She has been a fine president and her hard work and enthusiasm will be missed. The Volunteer Services Department and the Volunteer Association join in welcoming Sharron Martin, a former president of the association, back to the position again.

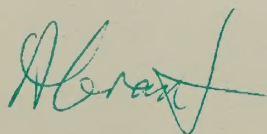
HPH celebrates the grand re-opening of its gift shop, Trinkets & Treats.



The HPH Department of Volunteer Services always welcomes volunteers from diverse backgrounds who have varied skills and abilities. If you are interested in pursuing a rewarding volunteer opportunity at HPH, please contact Volunteer Services at 388-2511, ext. 4265.

The care and comfort of HPH patients continues to be our highest priority and all of the moneys provided to serve that end are generated through donations, business (Trinkets & Treats) and special fundraising projects. Noteworthy donations last year included \$18,000 from a local organization which enabled the Volunteer Association to furnish one of the unit's patient lounges. Last Christmas, patients enjoyed one of the most beautiful Christmas seasons ever, thanks to the financial contributions of that same organization and the Volunteer Association. A generous Christmas party was thrown on each of the hospital's 10 units. Large gifts were given to the units to be used by all, and individual gifts of warm clothing, toiletries and other fun items were given to each of our 250 inpatients. To support these and other activities, the Volunteer Association held three sales at local malls, which raised over \$5,000 and ran the Hospital Equipment Lottery Program, which generated over \$3,000.

The Volunteer Services Department and the Volunteer Association thank patients, staff and visitors for their continued support of our programs and patronage of Trinkets & Treats. It is that same support which enables us to work toward our goal of enhancing the lives of the patients at Hamilton Psychiatric Hospital. The next year brings many new opportunities for the volunteers and community members to become involved in, as well as educated about, the issues of mental health and mental illness. Together, Volunteer Services and the Volunteer Association look forward to a year of activity and excitement.



Angela Grant
Co-ordinator of Volunteer Services
Patient Care Services

MISSION STATEMENT

The Volunteer Services Department designs and implements programs which will utilize volunteers from varied walks of life who desire to contribute their services to the enhancement of the lives of the patients of the Hamilton Psychiatric Hospital. The programs will also serve to complement the work of the hospital staff and will give support to the Hamilton Psychiatric Hospital Volunteer Association.

GOAL

To enhance the quality of life of the patients of the Hamilton Psychiatric Hospital through structured social interaction. The purpose of this interaction is to encourage the breakdown of invisible social and prejudicial barriers which serve to stigmatize psychiatric patients, and to enrich and facilitate the care given to patients by staff. The department also facilitates the public relations and fundraising efforts of the HPH Volunteer Association.

STATISTICS

Financial

(April 1, 1990 to March 31, 1991)

	Projected	Actual
Salaries		\$ 27,318,000
Employee Benefits		6,556,300
Transportation and Communication		480,100
Purchased Services		3,713,300
Supplies Expense		2,641,400
Equipment		463,000
Gross Operating Expenses		\$ 41,172,100

General

	1988	1989	1990
Rated Bed Capacity	502	502	502
Beds Set Up	322	322	287
Workforce Level	769	769	780
Number of Admissions	1,074	998	938
Number of Registered Outpatient Visits	20,125	22,189	23,079

A worship service in the HPH Chapel.



HAMILTON PSYCHIATRIC HOSPITAL

ADMINISTRATION

Administrator

D. Wayne Fyffe

Psychiatrist-in-Chief

Dr. David Dawson

Assistant Administrator,

Patient Care Services

M. Patricia Barry

Assistant Administrator, Clinical Services

Len May

Assistant Administrator, Hospital Services

Zenek Dybka

Director of Finance

Tom Lam

Public Relations Officer

Brenda Ginn

Administrative Assistant

Desa Gushue

Regional Personnel Administrator

Gil Harmer

PROGRAMS

Affective Disorders

Dr. Rick Guscott

Assessment

Dr. Patrick Foley

Brant County Geriatric Mental

Health Outreach Program

Dr. Ken Le Clair

Community Liaison

Dr. Gary Chaimowitz

Community and Long Term Care

Dr. John Deadman

Forensic

Dr. Marcel Lemieux

Geriatric Psychiatry

Dr. Susan Tainsh

Medical/Surgical Services

Dr. Patrick Rooney

M.R./Dual Diagnosis

Dr. Elspeth Bradley

Schizophrenia Assessment

Dr. Jorge Soni

Schizophrenia Intensive Treatment

Dr. Amarendra Singh

Schizophrenia Psychosocial Rehabilitation

Helen Kirkpatrick

DEPARTMENTS

Clinical Records

Ginette Cormier

Educational Services

Joy Fodden

Food Services

Eileen Ma

Housekeeping

Cheryl Sindall

Laundry & Linen Services

Roma Narbutas

Materials Management

Elaine Brown

Nursing

Roni Flandres

Pastoral Services

Rev. David Lennerton

Pharmacy

Louise Lagacé

Plant Services

Albert Manente

Psychology

Dr. Harry Miller (Acting)

Quality Assurance

Dr. Miguel Perez

Rehabilitation

Rosemary Nielsen

Research

Dr. Bishan Saxena

Social Work

Desmond Pouyat

Volunteer Services

Angela Grant



IPH
HAMILTON
PSYCHIATRIC
HOSPITAL

For tours of Hamilton Psychiatric Hospital and the Hamilton Psychiatric Museum, and for speakers for your group, please call:

Public Relations

Telephone: (416) 388-2511, Ext. 4253

Fax: (416) 385-0702

Published by the Public Relations
Department of Hamilton Psychiatric
Hospital for its Community
Advisory Board.

Des copies de cette publication sont
disposables en Français à l'endroit
suivant:

Relations Publiques

Hôpital Psychiatrique de Hamilton

C.P. 585

Hamilton, Ontario

L8N 3K7

Téléphone: (416) 388-2511, Ext. 4253



Ministry
of
Health